

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000036777 3)))



H250000367773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*,...

Email Address: Bala@jayaramancpa.com

# FOREIGN PROFIT/NONPROFIT CORPORATION ACQUEON INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



Electronic Filing Menu Corporate Filing Menu

Help

JAN 31 2025

K. Brumbley

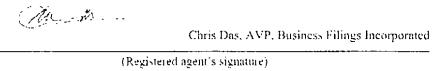
#### H25000036777 3

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavail	-			
Delaware	3.	88-3262639		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
6/8/2022	5.	5. Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
Upon Qual	ification			
	(Principal offic	re <u>street</u> address)		
	·			
same and <u>stre</u>	·			
same and <u>stre</u> Name	(Current mailing	g address, if different)  Box NOT acceptable)		
	(Current mailing et address of Florida registered agent: (P.O	g address, if different)  . Box NOT acceptable)		
Name:	(Current mailing et address of Florida registered agent: (P.O.)  Business Filings Incorporated	g address, if different)  Box NOT acceptable)		

traving been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

### H25000036777 3

A. DIRECTORS					
□Chairman	Name: Bryan Lee	[☐Chairman	Name: Amit Garg		
□Vice Chainnan	Address:	∐Vice Chanman	Address:		
X)Director	5215 N. O'Connor Blvd Ste 1050	□Director	5215 N. O'Connor Blvd Ste 1050		
<b>X</b> President	Irving, Texas 75039	□President	Irving, Texas, 75039		
□Vice President		<b>X</b> IVice President			
<b>X</b> Secretary	X Treasurer	□Secretary	□Treasurer		
□ Other	Ciller	⊡Other	Other		
CChainman	Name Ashish Koul	□Chairman	Name:		
□Vice Chamman	Address:	□Vice Chairman	Address.		
<b>X</b> Director	5215 N. O'Connor Blvd, Ste 1050	□Director			
□President	Irving, Texas 75039	□President			
□Vice President		□Vice President			
E Secretary	Treasurer	l'iSecretary	Treasurer		
□Other		⊕Other	□Other		
⊈Chairman	Name	□Chamaan	Name:		
□Vice Chairman	Address'	□Vice Chainnan	Address:		
□ Director		Director			
□President		□President			
□Vice President		□Vice President			
	□T:easuer	Usecretary	☐Treasurer		
□ Other		□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.					
12.	Signature of Director	or Officer			
The officer of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ \$17.155, F.S.					

(Typed or printed name and capacity of person signing application)

Amit Garg, Vice-President



Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACQUEON INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Charuni P. Sanchez, Secretary of State

C. G. Sancher

Authentication: 202811397

Date: 01-29-25